

'Federal Court'
at
'District Court of the united States
for New Jersey'

i, a man;
prosecutor

State of New Jersey; Man with NJ State Trooper
ID 7789
Wrongdoer(s)

2:16-cv-08870-JMV-JBC

Notice: Evidence of birth within the several
States of the Union

(verified)

notice: Evidence of birth within the several States of the Union

the *Rogers Court* presents notice:

i, a man, present my birth certificate as prima facie evidence that i, a man, was birthed
within the several States of the Union. See Exhibit A.

I, say here, and will verify in open court, that all herein be true;

Thomas F Rogers
Date: *March 21, 2017*



NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH129 -
STATE FILE NUMBER

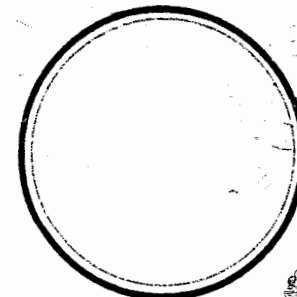
1. NAME OF CHILD (First) (Middle) (Last) Thomas Frederick Rogers					87784
2a. DATE OF BIRTH November 27th 1977	2b. Hour 11:35 AM	3. Sex M.	4a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4b. If Twin or Triplet, this child born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
5. PLACE OF BIRTH a. County Morris			6. USUAL RESIDENCE OF MOTHER (If institution, residence before admission) a. State New Jersey b. County Morris		
b. City <input type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Denville, N.J. Twp. <input type="checkbox"/>			c. City <input type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Rockaway Twp. Twp. <input type="checkbox"/>		
c. Name of (If not in hospital or institution give street address) Hospital or Institution St. Clare's			d. Street Address (If rural, give P.O. Address) Sanders Rd.		
7a. Mother's Maiden Name Deborah Elizabeth Wiswall		7b. Age 24	7c. State of Birth (If not in U.S.A. name country) New Jersey		
7d. Name municipality within whose limits mother actually lives (not necessarily mailing address) Rockaway Twp. N.J.					
8a. Father's Name Max Arnold Rogers		8b. Age 27	8c. State of Birth (If not in U.S.A. name country) New York		
9a. Informant's Name and Address Deborah E. Rogers (same)			9b. Relation to Child Mother		
10a. I certify that child was born alive on the date stated above Signature <i>[Signature]</i>		10b. Date Signed 12-16-77	10c. ATTENDANT: PHYSICIAN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		
10d. Certifier's Name (Type or Print) Reza Zarkesh M.D.		10e. Mailing Address 149 Park Rd. Parsippany N.J.			
11a. Registrar's Signature <i>[Signature]</i>		11b. Date Received by Local Registrar DEC 28 1977 DEC. 21, 1977			

DATE ISSUED: June 17, 2016

ISSUED BY:

New Jersey Department of Health
Office of Vital Statistics and RegistryThis is to certify that the above is correctly
copied from a record on file in my office.Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.

Vincent T. Arrisi
Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry

REG-42A
JUN 14

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED